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**STATE BOARD OF HEALTH**  
**OKLAHOMA STATE DEPARTMENT OF HEALTH**  
**1000 N.E. 10<sup>th</sup>**  
**Oklahoma City, Oklahoma 73117-1299**

Tuesday, January 12, 2016 11:00 a.m.

Ronald Woodson, President of the Oklahoma State Board of Health, called the 405<sup>th</sup> regular meeting of the Oklahoma State Board of Health to order on Tuesday, January 12, 2016 at 11:03 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on January 11, 2016, and at 11:00 a.m. at the building entrance on January 11, 2016.

13 **ROLL CALL**

14 **Members in Attendance:** Ronald Woodson, M.D., President; Martha Burger, M.B.A., Vice-President; Cris Hart-  
15 Wolfe, Secretary-Treasurer; Jenny Alexopulos, D.O.; Charles W. Grim, D.D.S.; Timothy E. Starkey, M.B.A.;  
16 Robert S. Stewart, M.D.

17  
18 **Absent:** Terry Gerard, D.O.; Murali Krishna, M.D.

19  
20 **Central Staff Present:** Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell,  
21 Deputy Commissioner, Protective Health Services; Neil Hann, Assistant Deputy Commissioner, Community and  
22 Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark  
23 Newman, Director of Office of State and Federal Policy; Deborah Nichols, Chief Operating Officer; Don Maisch,  
24 Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony  
25 Sellars, Director of Office of Communications; VaLauna Grissom, Secretary to the State Board of Health.

26  
27 **Visitors in attendance:** (see sign in sheet)

28  
29 **Call to Order and Opening Remarks**

30 Dr. Woodson called the meeting to order. He welcomed special guests in attendance.

31  
32 **REVIEW OF MINUTES**

33 Dr. Woodson directed attention to review of the minutes of the December 8, 2015, regular meeting.

34  
35 **Ms. Burger moved Board approval of the minutes of the December 8, 2015, regular meeting, as presented.**  
36 **Second Dr. Grim. Motion carried.**

37  
38 **AYE: Alexopulos, Burger, Grim, Stewart, Woodson**

39 **ABSTAIN: Wolfe, Starkey**

40 **ABSENT: Gerard, Krishna**

41  
42 **APPOINTMENTS**

43 **Oklahoma Food Service Advisory Council (Presented by Lynette Jordan)**

44 **Appointments:** One Member

45 **Authority:** 63 O.S., § 1-106.3

46 **Members:** The Advisory Council shall consist of thirteen (13) members. Membership is defined in statute.  
47 Eight (8) members shall be appointed by the Commissioners with the advice and consent of the State Board of  
48 Health, from a list of three names for each position provided by an association representing the majority of the  
49 restaurant owners in the state. One (1) member shall represent the Oklahoma Food Processor.

50  
51 **Ms. Wolfe moved Board approval to appoint Kirby Childs to the Oklahoma Food Service Advisory**  
52 **Council, as presented. Second Dr. Alexopulos. Motion carried.**

53  
54 **AYE: Alexopulos, Burger, Grim, Starkey, Stewart, Wolfe, Woodson**

1  
2 **ABSENT: Gerard, Krishna**  
3

4 PROPOSED RULEMAKING ACTIONS  
5

6 **CHAPTER 257. FOOD SERVICE ESTABLISHMENTS**

7 **[PERMANENT]** Presented by Don Maisch

8 **PROPOSED RULES:**

9 Subchapter 1. Purpose and Definitions [AMENDED]

10 Subchapter 3. Management and Personnel [AMENDED]

11 Subchapter 5. Food [AMENDED]

12 Subchapter 7. Equipment, Utensils and Linens

13 [AMENDED]

14 Subchapter 9. Water, Plumbing and Waste [AMENDED]

15 Subchapter 11. Physical Facilities [AMENDED]

16 Subchapter 13. Poisonous or Toxic Materials [AMENDED]

17 Subchapter 15. Compliance and Enforcement

18 [AMENDED]

19 Subchapter 17. Mobile Pushcarts, Mobile Food Service

20 Establishments, and Mobile Retail Food Service

21 Establishments [AMENDED]

22 Appendix A. Tables [NEW]

23 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104, and Title 63 O.S. §§ 1-106.3  
24 and 1-1118.

25 **SUMMARY:** These proposed regulations will bring the chapter into compliance with 2013 model food  
26 code, published by the U. S. Food and Drug Administration (FDA). The model assists food control  
27 jurisdictions at all levels of government by providing them with a scientifically sound technical and legal  
28 basis for regulating the retail and food service segment of the industry (restaurants and grocery stores and  
29 institutions such as nursing homes). Local, state, tribal, and federal regulators use the FDA Food Code as a  
30 model to develop or update their own food safety rules and to be consistent with national food regulatory  
31 policy. According to the FDA:

32 "The Food Code is a model for safeguarding public health and ensuring food is unadulterated and honestly  
33 presented when offered to the consumer. It represents FDA's best advice for a uniform system of provisions  
34 that address the safety and protection of food offered at retail and in food service.

35 "The 2013 edition of the model code reflects the input of regulatory officials, industry, academia, and  
36 consumers that participated in the 2012 meeting of the Conference for Food Protection (CFP). Collaboration  
37 with the CFP and our partners at the U.S. Department of Agriculture's Food Safety and Inspection Service  
38 and the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services  
39 helps ensure the Food Code establishes sound requirements that prevent foodborne illness and injury and  
40 eliminates the most important food safety hazards in retail and foodservice facilities.

41 Source: Food Code 2013, U.S. Food and Drug Administration, July 2, 2015,

42 <http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm> (August 3,  
43 2015).

44 A summary of changes to the 2013 FDA Food code is linked here:

45 **Summary of Changes In the FDA Food Code 2013**

46 [<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374759.htm>].  
47

48 **Dr. Grim moved Board approval for Permanent Adoption of Chapter 257. Food Service**  
49 **Establishments as presented. Second Dr. Stewart. Motion carried.**  
50

51 **AYE: Alexopulos, Burger, Grim, Stewart, Starkey, Wolfe, Woodson**

52 **ABSENT: Gerard, Krishna**  
53  
54  
55

**STRATEGIC MAP UPDATE PRESENTATION: THE LIFECOURSE APPROACH TO A HEALTHY OKLAHOMA**

Timothy Cathey, M.D., Medical Director for Protective Health Services

*See Attachment A*

**CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION****Executive Committee**

Dr. Woodson reminded the Board that the March meeting would take place in Pottawatomie County. The annual ethics commission forms will be sent to the Board of Health in during the month of January 2016.

**Finance Committee**

Ms. Burger directed attention to the Financial Brief provided to each Board member and presented the following SFY 2016 Finance Report and Board Brief as of December 18, 2015:

- OSDH has approximately \$403 million budgeted for state fiscal year 2016
- The forecasted expenditure rate is projected at 97.63% through June 30, 2016
- The department is in "Green light" status overall
- Health Improvement Services are in "yellow light" status, with expenditures forecasted to spend between 90 and 95 percent
- The "yellow light" status for these two divisions is due to items budgeted, but not yet obligated or forecasted such as supplies, travel and contracts

The Financial Brief covered fund restrictions and voluntary out benefits option (VOBO) offered to Department employees eligible for retirement.

**Accountability, Ethics, & Audit Committee**

The Accountability, Ethics, & Audit Committee met with Jay Holland. Ms. Wolfe indicated there were no known significant audit issues to report at this time and were continuing review of the Office of Accountability policies.

**Public Health Policy Committee**

The Policy Committee met on Tuesday, January 12, 2016. The Committee reviewed proposed legislation, the budget situation, and potential actions of the Department. Members will begin receiving the legislative update report around February 1st. If Board members have any policy questions, they should feel free to contact Carter Kimble or Mark Newman at any time. The next meeting of the Policy Committee will be prior to the February Board Meeting.

**PRESIDENT'S REPORT**

Dr. Woodson invited the Board of Health members to attend the annual Certified Healthy Awards Ceremony on March 2, 2016, 11:30 am at the Embassy Suites in Norman, Ok.

**COMMISSIONER'S REPORT**

Dr. Cline highlighted the ASTHO Million Hearts Collaborative. Oklahoma is 1 of 5 states to join this initiative early with the goal of reducing cardiovascular disease and reducing hearth attacks across the nation. He was able to present the success Oklahoma has seen through this initiative to encourage other states to participate. Dr. Cline indicated this was a compliment to the Oklahoma State Department of Health and the work of local partners as well.

Dr. Cline briefly commented on the upcoming legislative session. There has been a significant increase in activity and conversations around legislative priorities for the Department this next year.

The report concluded.

**NEW BUSINESS**

No new business.

**PROPOSED EXECUTIVE SESSION**

1 **Ms. Burger moved Board approval to go in to Executive Session at 11:51 AM** pursuant to 25  
2 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation,  
3 investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring,  
4 appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or  
5 employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of  
6 information would violate confidentiality requirements of state or federal law.

- 7 • Annual performance evaluation for the Commissioner of Health

8 **Second Dr. Stewart. Motion carried.**

9  
10 **AYE: Alexopulos, Burger, Grim, Stewart, Starkey, Wolfe, Woodson**

11 **ABSENT: Gerard, Krishna**

12  
13 **Ms. Burger moved Board approval to move out of Executive Session. Second Ms. Wolfe. Motion carried.**

14  
15 **AYE: Alexopulos, Burger, Grim, Stewart, Starkey, Wolfe, Woodson**

16 **ABSENT: Gerard, Krishna**

17  
18 **ADJOURNMENT**

19 **Ms. Wolfe moved Board approval to Adjourn. Second Grim. Motion carried.**

20  
21 **AYE: Alexopulos, Burger, Grim, Stewart, Starkey, Wolfe, Woodson**

22 **ABSENT: Gerard, Krishna**

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25  
26 The meeting adjourned at 12:30 p.m.

27  
28 Approved

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33 Ronald W. Woodson, M.D.

34 President, Oklahoma State Board of Health

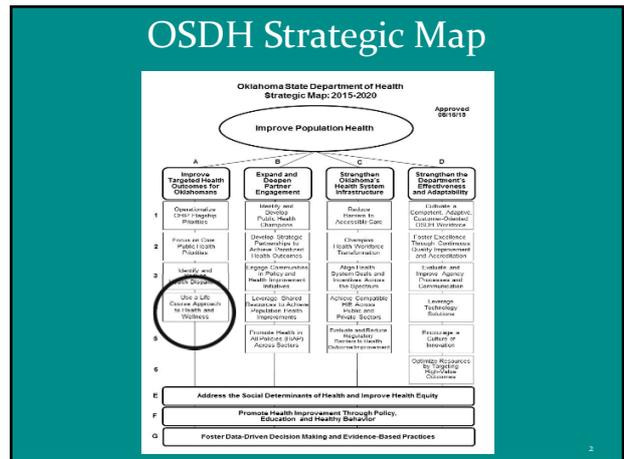
35 February 9, 2016

# The Life Course Approach to a Healthy Oklahoma

Implementing a winning strategy



Timothy Cathey, MD, Team Leader  
Henry F. Hartsell Jr., PhD, Team Champion  
Oklahoma State Board of Health Meeting  
January 12, 2016



## Why Life Course?

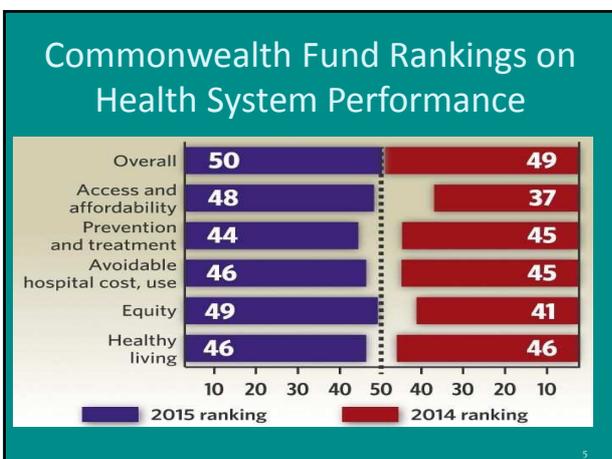
### OHIP 2020 Flagship Issues

- Tobacco Use
- Adolescent Obesity
- Children's Health
- Behavioral Health



## Team Members

- Nancy Atkinson
- Sheryll Brown
- Dawn Butler
- Janette Cline
- Neil Hann
- Annette Jacobi
- Kristi Kear
- Alesha Lilly
- Jon Lowry
- Joyce Marshall
- Beth Martin
- Derek Pate
- Stephanie U'ren
- Sharon Vaz
- Timothy Cathey, Team Leader
- >200 years of Public Health experience

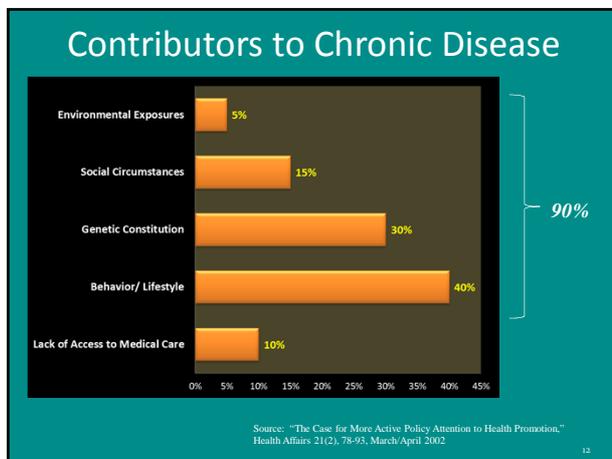
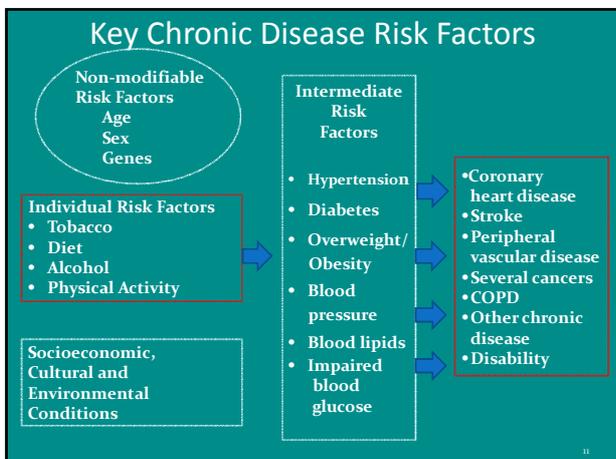
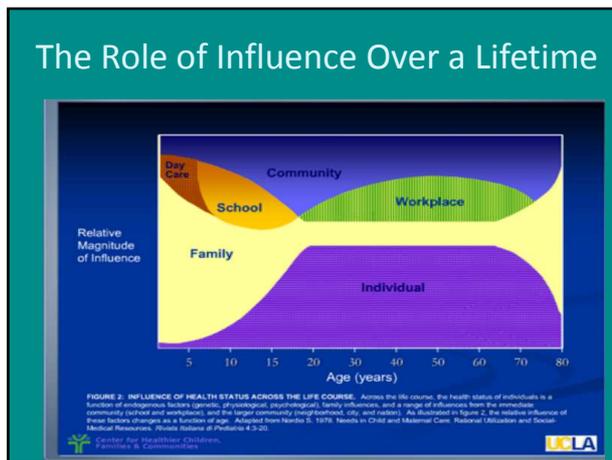
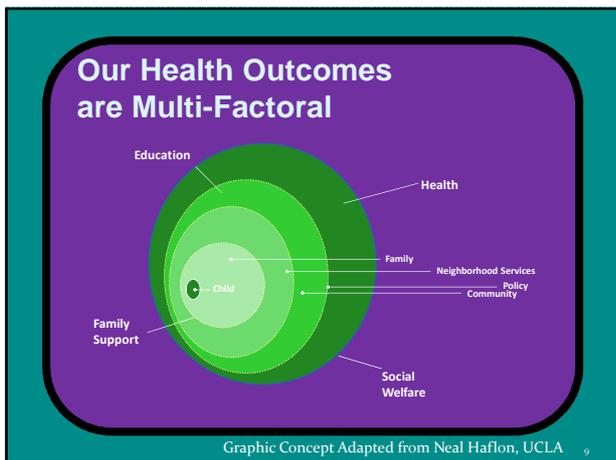


# Paradigm Shift



### Why the Life Course Perspective?

- A **paradigm shift away** from disease management toward fully averting disease and poor health outcomes
- The current system focuses enormous resources to do too much too late



## The Interconnected Life Span

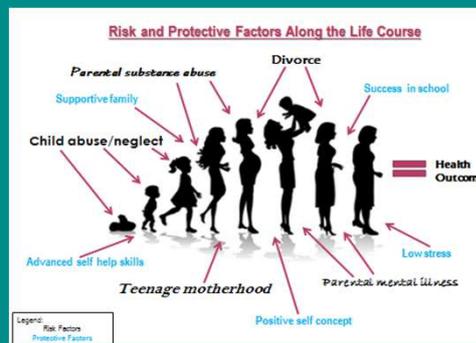


-- Versus --



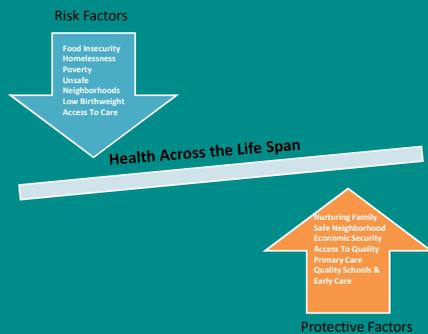
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## Each Life Stage Influences the Next



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## Protective Factors Improve Health Risk Factors Diminish Health



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## What is the Life Course Perspective?

The importance of looking at health over a life span, not disconnected stages

- A complex interplay of
- biological,
  - behavioral,
  - psychological, social
  - And environmental factors



Identifying *protective factors as well as chains of risk* that contribute to health outcomes across the span of a person's life

## Key Terms

- **Critical /Sensitive Periods/Chains of Risk**
  - Timing of exposure to risk factors matters
  - Timing of exposure to protective factors matters
  - Windows of opportunity
- **Trajectories**
  - A sequence of linked transitions and experiences
  - Long term patterns of stability and change
  - Includes risk and protective factors

17

## The Quest For Positive Change

**PLASTICITY**  
(flexibility)

**RESILIENCE**

- The potential for change in intrinsic characteristics in response to environmental stimuli.
- A dynamic process of positive adaptation in the face of adversity.

18

## Why the Life Course Perspective?

- This framework prioritizes life-long prevention and provides powerful rationale for health system transformation
- It has implications for the ways we will reduce racial and ethnic disparities as well as disparities across income groups
- It points out the importance of critical periods for intervention and cumulative impacts of multiple variables on health

19

## Reducing Disparities in Health Outcomes

- Improve health care services and access for at-risk populations, including communities of color and low-income families
- Strengthen families and communities
- Achieve the highest level of health for all people

20

## The Intergenerational Aspect of Life Course

Looking at health through a life course perspective hopes to address three key areas:

- Your health as an **individual**;
- Your health before your conception (i.e. your mom's **preconception** health);
- Your children's health (**intergenerational** component).



**ACEs = ADVERSE CHILDHOOD EXPERIENCES**

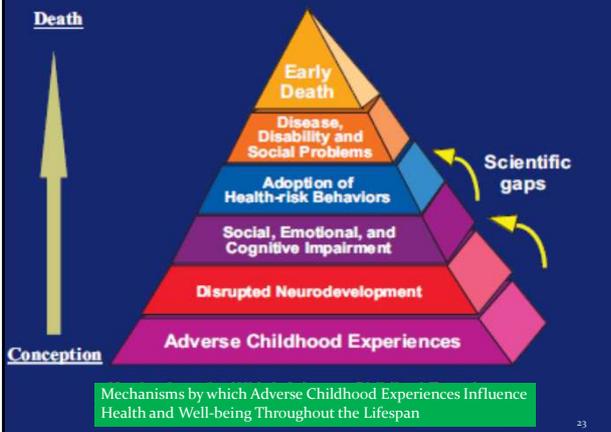
The three types of ACEs include:

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Abuse	Substance Abuse
Emotional	Emotional	Mild form of alcohol	Substance Abuse
Sexual	Sexual	Divorce	

**HOW PREVALENT ARE ACEs?**

*The Initial ACE study\* and an analysis of Iowa's Behavioral Risk Factor Surveillance System (BRFSS)\*\* participants revealed the following estimates:*

Death



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## WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes.



Possible Risk Outcomes:

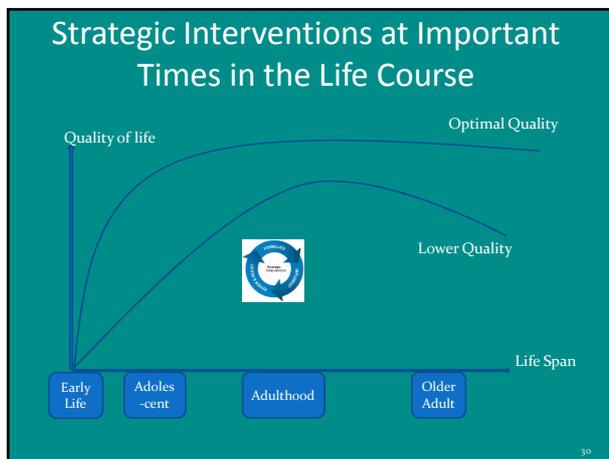
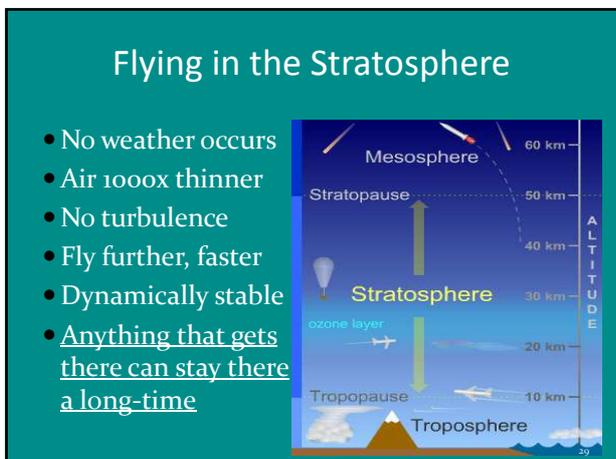
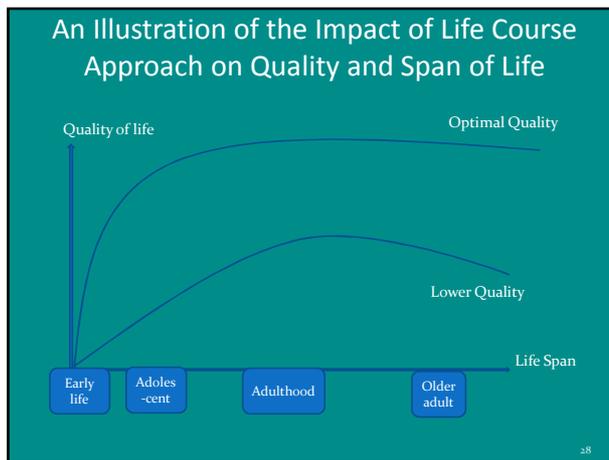
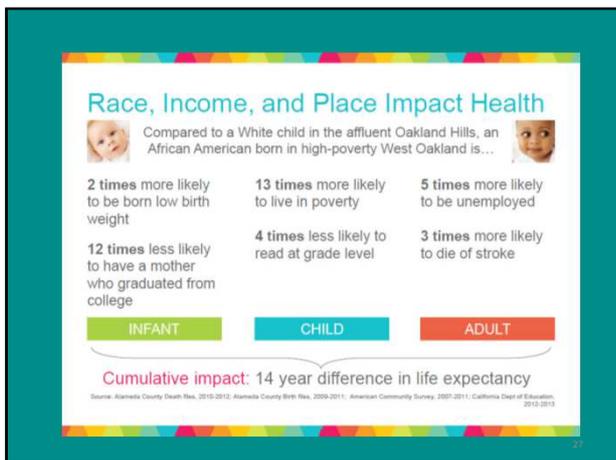
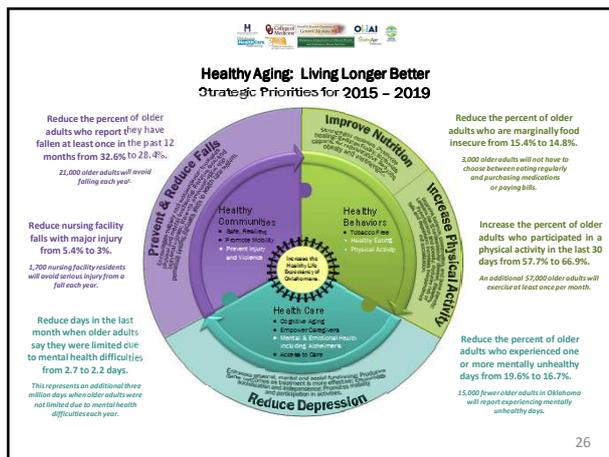
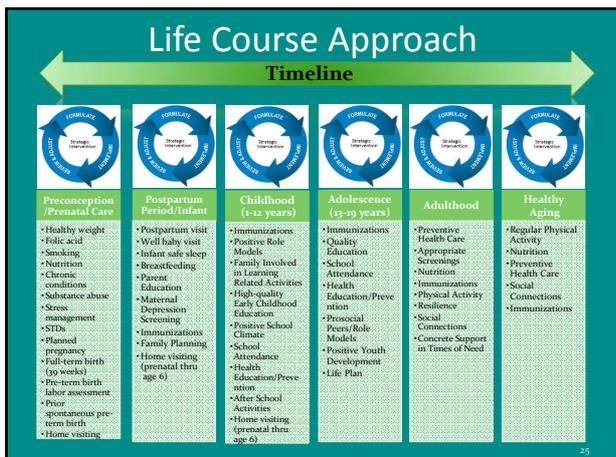
**BEHAVIOR**

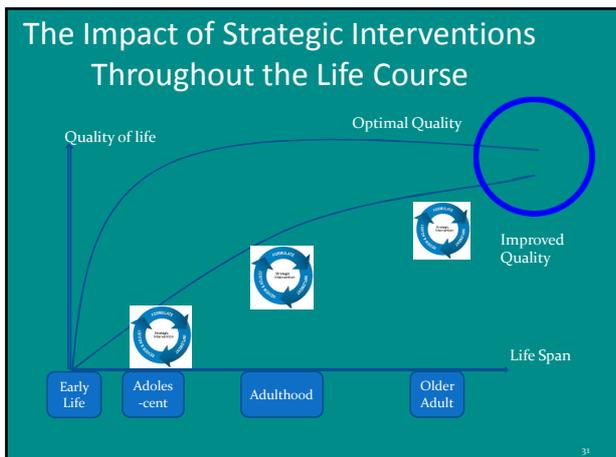
- Lack of physical activity
- Smoking
- Alcoholism
- Drugs
- Misconduct

**PHYSICAL & MENTAL HEALTH**

- Heart Disease
- Cancer
- Stroke
- CHF
- Diabetes
- Depression
- Substance Abuse
- PTSD
- Chronic Pain
- Alzheimer's
- Dementia
- ADHD
- Autism
- Learning Disabilities
- Intellectual Disabilities
- Severe Mental Illness

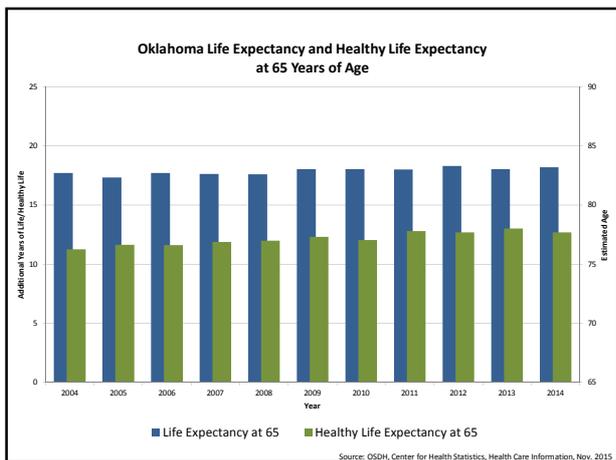
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### Increase Healthy Life Expectancy

- Life Expectancy (LE) is the average remaining years of life a person can expect to live on the basis of the current mortality rates for the population.
- Healthy Life Expectancy (HLE) estimates the expected years of life in good health for persons at a given age.



### Life Course Approach

- Focuses on the importance of considering health and wellness across the entire life span
- Pre-natal through end-of-life care
- Recognizes the critical role of adverse childhood experiences (ACEs)
- Works to place everyone into the highest trajectory and orbit

### Implementing a Life Course Perspective

- **Involves three broad areas of change:**
  - Rethinking and realigning the organization and delivery of individual and population-based health services.
  - Linking health services with other services and supports (educational, social services, etc).
  - Transforming social, economic, and physical environments to promote health.

### The Life Course Approach to a Healthy Oklahoma

Implementing a winning strategy  
<https://www.youtube.com/watch?v=v1z5H1178o>

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